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PTO/SB/06 (08-00)

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

SAT-163

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.144(d))		
TOTAL CLAIMS (37 CFR 1.145(c))	16 minus 20 =	0
INDEPENDENT CLAIMS (37 CFR 1.145(d))	3 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.144(d))		

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

RATE	FEE	OR	RATE	FEE
	\$			\$ 310
x \$		OR	x \$	
x \$		OR	x \$	
+ \$		OR	+ \$	
TOTAL		OR	TOTAL	310

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.144(d))	21 Minus	20	1
Independent (37 CFR 1.144(d))	3 Minus	3	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.144(d))			

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE	OR	RATE	ADDI- TIONAL FEE
	\$ 50	OR		\$
x \$		OR	x \$	
x \$		OR	x \$	
+ \$		OR	+ \$	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.144(d))	15 Minus	20	
Independent (37 CFR 1.144(d))	1 Minus	3	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.144(d))			

RATE	ADDI- TIONAL FEE	OR	RATE	ADDI- TIONAL FEE
x \$		OR	x \$	
x \$		OR	x \$	
+ \$		OR	+ \$	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.144(d))	0 Minus		
Independent (37 CFR 1.144(d))	0 Minus		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.144(d))			

RATE	ADDI- TIONAL FEE	OR	RATE	ADDI- TIONAL FEE
x \$		OR	x \$	
x \$		OR	x \$	
+ \$		OR	+ \$	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case.

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